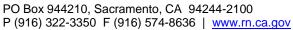


STATE AND CONSUMER SERVICES AGENCY . GOVERNOR COMUNO G. BROWN JR.

BOARD OF REGISTERED NURSING





REQUEST FOR TOLLED PROBATION

PERSONAL INFORMATION	
Name:	RN License Number:
Current Address:	
(Include street, city, zip code)	Telephone Number:
OUT OF STATE ADDRESS	Unit No 🗌
(Include street, city, zip code)	Telephone Number:
DATE YOU ARE LEAVING/LEFT CALIFORNIA:	
PROOF OF RESIDENCE DUE TO BOARD TWO WEEKS FROM ABOVE DATE (signed lease/rental agreement, utility deposit receipt, employment verification, other means of proof as approved by probation monitor)	
I DECLARE UNDER PENALTY OF PERJURY UNDER	THE LAWS OF THE STATE OF
CALIFORNIA THAT THE FORGOING INFORMATIO AND DOCUMENTS ARE TRUE AND CORRECT.	
Your Signature	 Date Signed
0	
FOR OFFICE USE ONLY	
Item of Proof	Date Rec'd